



# CLAIMS REQUEST FORM

806-376-4581 (Office) - 806-373-6866 (Fax)

The Claims Request Form listed below is designed to assist authorized dealers in resolving problems arising from damaged merchandise discovered within The Nunn Company warranty period. Pictures are required for each request. This plan was devised to provide a more uniformed and efficient method of assistance when such problems occur.

DEALER INFORMATION	
DEALER NAME:	NUNN SALES PERSON:
ADDRESS:	
PHONE NUMBER:	FAX NUMBER:
EMAIL ADDRESS:	

UNIT INFORMATION - MUST BE COMPLETE	
MODEL:	SERIAL:
DATE OF PURCHASE:	INVOICE/ORDER #:
Reason For Return / Description of Damage:	

TYPE OF CLAIM
<input type="checkbox"/> RETURN DAMAGED UNIT
<input type="checkbox"/> RETURN GOOD PRODUCT CONDITION OF CARTON: <input type="checkbox"/> BOXED <input type="checkbox"/> UNBOXED <small>***SEE NOTES BELOW***</small>
<input type="checkbox"/> DAMAGE ALLOWANCE AMOUNT OF DAMAGE ALLOWANCE REQUESTED: _____
<b>***** ALL RETURNS ARE PENDING APPROVAL*****</b>

Dealer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Good Product Is Being Returned, in Box – UN-Opened, a 25% Restocking Fee Will Be Deducted From Cost Of Unit. Dealer pays return freight.

The Nunn Company will not take back Good Product that has been opened.

**On All Damage Returned Products, A Photograph Of Carton And Unit  
Must Be Submitted With Claim.**

**SEND ALL CLAIM REQUESTS AND PICTURES TO YOUR ASSIGNED SALESPERSON**